Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		
TC	TAL CLAIMS	,	(Column	11)	(Colu	mn 2)	TYPE		OR ¶⊸l	SMALL		
TOTAL OLATIVIS							RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	9 minus 20=		*		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				X40=		OR	X80=	X	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					,		0.76		
* If the difference in column 1 is less than zero, ent					r "0" in o	column 2	+135=	200	OR	+270=	17/0-	
"	•	, , , , , , , , , , , , , , , , , , , ,	TOTAL .	225	OR	TOTAL	<u>'Y/0-</u>					
	Ç	100	AMENDED - PART II			(Caluman O)	SMALL I	OR SMALL ENTITY				
		(Column 1) CLAIMS		(Colui		(Column 3)	SINALL	ADDI-) 		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	DUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total		Minus	**		=	X\$ 9=		OR	X\$18=	,	
ME	Independent	*	Minus	***		=	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM							
							+135=		OR	+270=		
		•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
=		(Column 1)	40.0	(Colu		(Column 3)					-	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total		Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40=	· · · · · · · · · · · · · · · · · · ·	OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		+135=		OR	+270=		
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	AUDIT. FEET		•	ADDIT. FEEL		
.	False	CLAIMS		HIGH	IEST			ADDI-	I		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL FEE	
N S	Total		Minus	**		=	X\$ 9=		, OR	X\$18=		
NE NE	Independent	*	Minus	***		=	X40=			X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIN		740-		OR	700=	N	
	Id Alexander In a little and a				- «O" :	alumn 3	+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE OR ADDIT. FEE												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09.685780

Total Fee Calculation

		10(3)110	Carculation	.		
	Fee Cade	Total # Claims	Number Extra X	Fee	Fec =	Total
	Sm./Lg.			Sin. Entity	Lg. Entity	
Basic Filing Fee	201/101				710.	710.
Total Claims >20	203/103	9 -20 -	· x			
Independent Claims >I	202/102		X			-
Mult. Dep Claim Present	204/104					1 = i
Surcharge	205/105				<u>130.</u>	130.
English Translation	139					
TOTAL FEE CALCUL	ATION					840,
Fees due upon filing t	he application:) }
Total Filing Fees Due	= \$	840)			. /
Less Filing Fees Subr	nined - S					
BALANCE DUE	= S	84	0.			
Guia	α					
Office of Initial Pared	t Examination					1
FORM OIPE-RAM-01 (R	ev. 12/97)	1- i	gure 7			